

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

- 62-010682

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DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 143  
FILED MAR 22 1962

Primary Registration District No. 4232

Registrar's No. 57

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Willow Springs

Length of stay in 1b

4 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

Howell

c. CITY OR TOWN Willow Springs

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

William

Pierce

Berry

## 4. DATE OF DEATH

Month

Day

Year

March

7, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-6-1884

## 9. AGE (last birthday)

78

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

## 11. BIRTHPLACE (City and state or country)

Cedar Hill, Texas

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John P. Berry

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Campbell

## 14. NAME OF HUSBAND OR WIFE

Artie Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Artie Berry, Willow Springs, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

generalized arteriosclerosis

## DUE TO (c)

Hypertension

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 2/10/60 to 3/7/62 and last saw him alive on 1/31/62

Death occurred at 10 AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Thomas L. Coffey M.D.

## 22b. ADDRESS

105 W. 2nd Willow Springs, Mo.

## 22c. DATE SIGNED

3/15/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

March 9, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Baker Cemetery

## 23d. LOCATION (City, town, or county) (State)

Williford Arkansas

## 24. FUNERAL DIRECTOR

Higginbotham Funeral Ser. Hardy, Ark.

## 25. DATE REGD. BY LOCAL REG.

3/15/62

## 26. REGISTRAR'S SIGNATURE

Bargis Boss

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAR 22 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.